ROUND ALL NUMBERS TO THE NEAREST DOLLAR, NOT REQUIRED TO REPORT CENTS

DELINQUENT IF NOT MAILED ON OR BEFORE DUE DATE TO: State of Idaho - Department of Insurance 700 West State Street, 3rd Floor Boise, ID 83720-0043 (208) 334-4250	* EACH INDIVIDUAL INSURED, GROUP CERTIFICATE HOLDER, OR BLANKET POLICY PARTICIPANT	SECOND QUARTERLY PREPAYMENT INSTALLMENT DUE SEPTEMBER 15, 2015
I certify that information entered on this document is a true and correct declaration of Idaho business.	A1. 2014 Total Dental Contracts*(see above)	B1. 2014 Net Taxable Premiums less Dental
	A2. A1 X \$.04 Per Contract	B2. B1 X 1.50% Tax Rate 2015
Signature and Title of Officer (REQUIRED) Date		
NAIC #	A3. 20% Total Dental Tax Due	B3. B2 X 20% = Tax Due On Premiums
Company Name, Address		
		TOTAL PREPAYMENT DUE 9/15/15 ADD (A3 + B3)
		(0560)
CONTACT NAME:	IS PAYMENT SENT BY EFT	PENALTY:
E-MAIL ADDRESS:		
PHONE NUMBER:	INS-PTX-QP2-SEPTEMBER (Rev 4-15)	(1315-10)